



PARKLAND HOCKEY 3ON3 TOURNAMENT

Dates and Times TBD

Cost \$800.00/team 4 Game Guarantee

Each Game will consist of two 15-minute runtime periods.

Minimum of 7 players and maximum of 10 players per team including goalie.

Please contact us at parklandhockeygroup@gmail.com for additional information.

Sign up as a TEAM.

Age Groups:

Parkland Gold Division 2007/2008

Parkland Silver Division 2008/2009

Spots are limited so register early!!!

PARKLAND HOCKEY GROUP

Craig Kibblewhite and Jason Fischer
Parkland Hockey Group Directors

We provide hockey instruction / power skating programs to male and female players in Northern Alberta.

We take pride in our smaller class sizes, our quality instructors, our excellent blend of power skating component and hockey skill development. We will optimize your child's ability and ensure they are ready for their fall try-outs.

Parkland Hockey Group student to teacher ratio on ice sessions will be 5:1. Groups will NOT consist of more than 22 players at a time.

POWER SKATING

Debbie Klatt has been a power skating instructor for over 29 years. In that time, Debbie has worked with a number of teams and organizations across Alberta. Debbie takes a serious approach to teaching youth which is evident by her use of the most up to date and proven skating techniques. This power skating program offers player development in a progressive program led by Debbie Klatt that is designed to improve balance, power, edge control, flexibility, agility, explosive quickness and conditioning.

Parkland Hockey Group is proud to have Debbie Klatt as part of our hockey program.

For information on the PHG Hockey & Golf Camp visit www.parklandhockeygroup.com



2020 POWER SKATING & SKILL PROGRAM

www.parklandhockeygroup.com

TRI LEISURE CENTRE

Spruce Grove, AB.

Aug 24-28, 2020

**For additional information
contact us at**

Phone: 780-975-0660 or 780-991-3499
Email: parklandhockeygroup@gmail.com

APPLICATION FORM 2020 PARKLAND HOCKEY GROUP

Please print clearly

Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Contact Number: _____

Position: () Skater () Goalie

Birthdate: / /
 M D Y

Email Address: _____

TOTAL FEES

Please circle if applicable (+ GST)

Session 1 - Parkland White \$430.00

Session 2 - Parkland Black \$430.00

Prep Camp - August 24th - 28th \$250.00

LUNCH OPTION

A planned nutritional lunch for the week is available.

Cost \$70.00/week yes / no

PAYMENT

Mail or email transfer the required payment to:
parklandhockeygroup@gmail.com

Parkland Hockey Group
25 1118 TWP RD. 534
Parkland County, AB.
T7Y 0B6

PROGRAM AUG. 24-28

Session 1 – Parkland White

(Recommended Novice – Atom)

Ice Session 9:00am - 10:00am

Dryland 10:15am - 11:00am

Lunch 11:00am - 11:30am

Ice Session 11:45am - 12:45pm

Session 2 – Parkland Black

(Recommended Peewee - Bantam)

Ice Session 10:15am - 11:15am

Dryland 11:30am - 12:15pm

Lunch 12:15pm - 12:45pm

Ice Session 1:00pm - 2:00pm

Prep Camp

Ice Session 3:00pm - 4:15pm

PROGRAM FEATURES

On Ice: Skating is the most important individual skill in Hockey. Power Skating will be a daily component of the 1st session directed by Debbie Klatt Professional Power Skating Instructor. The 2nd session will consist of stickhandling, passing, shooting and scoring. The individual player is challenged to improve their own skill development during each of the drills.

Off Ice: We strive to develop team concept and eye-hand coordination through activities such as dry land training, flexibility drills and games related to all hockey skills. Many of the activities are such that the player can use for their year-round fitness program.



PARENT CONSENT

I hereby (as parent and/or guardian) agree to have my child participate in the program operated under the name of Parkland Hockey Group at my risk and peril. "P.H.G." will not be held responsible for any accident, injury, loss or damage to any player. Notwithstanding anything to the contrary set forth in this brochure, if I am successful in any suit, action, or proceedings against P.H.G. for any damages, loss, costs or expenses (including punitive damages) the awards (including court costs) shall be limited to the amount of fee paid to me the P.H.G.

Print Parent/Guardian Name: _____

X _____
Signature of PARENT/GUARDIAN

AB Health Care #: _____

Medical Information: Are there any medical conditions or medication that P.H.G. should be aware of? _____